

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000089871**

1. Entity Name

HERNANDEZ QUALITY INTERIOR TRIM, INC.

Principal Place of Business

**5971 WESTFALL ROAD
LAKE WORTH FL 33463**

Mailing Address

**5971 WESTFALL ROAD
LAKE WORTH FL 33463**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**MCDONOUGH, MICHAEL D
12798 FOREST HILL BLVD., STE. 201A
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | HERNANDEZ, ESPERANZA | |
| STREET ADDRESS | 5971 WESTFALL RD | |
| CITY-ST-ZIP | LAKE WORTH FL 33463 | |

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | HERNANDEZ, SANTIAGO | |
| STREET ADDRESS | 5971 WESTFALL RD | |
| CITY-ST-ZIP | LAKE WORTH FL 33463 | |

| | | |
|----------------|--------------------------------|--|
| TITLE | C | <input checked="" type="checkbox"/> Delete |
| NAME | CRESPO, MIGUEL | |
| STREET ADDRESS | 33 DORCHESTER DR. SOUTH | |
| CITY-ST-ZIP | GREEN ACRES FL 33463 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|---|
| TITLE | S | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | miguel Castillo | |
| STREET ADDRESS | 9478 Palomino Drive | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Esperanza Hernandez 4/10/01 561-641-4678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90108 014 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0871604**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

CR2E034 (10/00)

0319984